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RECEIVED  
CENTRAL FAX CENTERPATENT, TRADEMARK  
AND COPYRIGHT LAW

FACSIMILE: (703) 684-1157

(703) 684-1120

DEC 22 2006

Date: December 22, 2006

## FACSIMILE COVER LETTER

Facsimile Number: (571) 273-8300

To: Commissioner for Patents

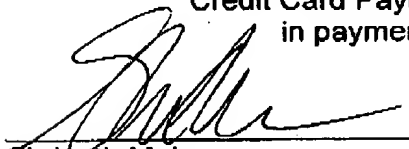
From : Mr. Shrinath Malur  
MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C.

Re: USSN 09/942,690  
Attorney Docket No.: H-990

**CERTIFICATION OF FACSIMILE TRANSMISSION**

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

Transmittal Letter;  
Amendment;  
Request for Continued Examination (RCE); and  
Credit Card Payment Form in the amount of \$790.00  
in payment of RCE Fee.

  
Shrinath Malur  
Reg. No. 34,663December 22, 2006  
Date

Total Number of Pages (including cover sheet): 13

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Thank you.

Form PTO-1083

Patent

Case Docket No. H-990

**RECEIVED**  
**CENTRAL FAX CENTER**

In RE application of T. HASEGAWA

Serial No.: 09/942,690

Group Art Unit: 2135

**DEC 22 2006**For: BROADCASTING METHOD AND  
BROADCAST RECEIVER

Examiner: L.A. Ha

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) Claims Remaining After Amendment		(Col. 2) Highest No. Previously Paid For	(Col. 3) Present Extra
Total	14	Minus	** 20	=
Indep.	4	Minus	*** 4	=
<input type="checkbox"/> First presentation of Multiple Dependent Claims				

SMALL ENTITY	
Rate	Additional Fee
X 25	\$
X 100	\$
X 180	\$
Total	\$

OR

OTHER THAN A SMALL ENTITY	
Rate	Additional Fee
X 50	\$
X 200	\$
X 360	\$
Total	\$

OR

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in col. 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-1417 in the amount of \$\_\_\_\_\_.
- ☐ A Credit Card Payment Form in the amount of \$ 790.00 is attached for RCE.
- ☐ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayments to Deposit Account No. 50-1417.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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Attorney for Applicant(s)

Date: December 22, 2006